UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/TCD/4
21 November 2000

ORIGINAL: ENGLISH

First regular session 2001
29 January to 6 February 2001, New York
Item 8 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Chad

Proposed UNFPA assistance:	$6.5 million, $6 million from regular resources and $500,000 from co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2001-2005)
Cycle of assistance:	Fourth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	3.5	0.3	3.8
Population and development strategies/gender	1.5	0.1	1.6
Advocacy	0.5	0.1	0.6
Programme coordination and assistance	0.5	-	0.5
Total	6.0	0.5	6.5

/...

CHAD

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	15	≥60
Contraceptive prevalence rate (%)[2]	4	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	2.47	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	185.3	≤65
Infant mortality rate (per 1,000 live births)[5]	112	≤50
Maternal mortality ratio (per 100,000 live births)[6]	830	≤100
Adult female literacy rate (%)[7]	35	≥50
Secondary net enrolment ratio (%)[8]	37	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1 Electronic database, World Health Organization, December, 1999.
2 United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3 UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4 United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5 United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6 The World Bank, *World Development Indicators, 2000.*
7 UNESCO, *Education for All: Status and Trends* series (1977, 1998, 1999 editions).
8 UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2000	7,651	Annual population growth rate (%)	2.58
Population in year 2025 (000)	11,185	Total fertility rate (/woman)	5.54
Sex ratio (/100 females)	97.8	Life expectancy at birth (years)	
Age distribution (%)		Males	47.3
Ages 0-14	45.6	Females	50.3
Youth (15-24)	18.9	Both sexes	48.8
Ages 60+	5.2	GNP per capita (U.S. dollars, 1998)	230

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 1998 Revision*; GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme covering the period 2001-2005 to assist the Government of Chad in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $6.5 million, of which $6 million would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $500,000 from co-financing modalities and/or other, including regular resources, to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. Chad is classified as a "Category A" country in terms of UNFPA resource allocation criteria. This would be the Fund's fourth programme of assistance to Chad.

2. The proposed programme was formulated in close consultation with the Government, non-governmental organizations (NGOs), donors and other United Nations organizations. It is based on: (a) the development objectives of the Government as contained in its Population Policy Declaration, the Women Empowerment Policy Declaration and the revised national strategic plan for 1997-2001; (b) the recommendations contained in the February 2000 Country Population Assessment (CPA); (c) the consultations held on the CPA and Common Country Assessment (CCA) findings with other agencies of the United Nations system, including the Bretton Woods institutions; (d) the priority areas identified in the United Nations Development Assistance Framework (UNDAF); and (e) the experience gained from UNFPA's three preceding programmes. The proposed programme is harmonized with the programmes of UNICEF, UNDP and WFP. Programmes supported by WHO and FAO are also expected to begin in 2001.

3. The goal of the proposed programme is to contribute to the Government's aim of improving the quality of life of the Chadian people through the provision of quality reproductive health, including family planning and sexual health services, improved gender equity and equality, and an effective integration of population and gender dimensions into development strategies. Given the huge inequalities between the sexes that exist in Chad, the proposed programme will mainstream the gender dimension into all interventions.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be carried out in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. The fifth largest country in Africa, Chad is a landlocked country and one of the poorest in the world, with huge gender disparities. It is also characterized by: (a) political turmoil since Independence was achieved in 1960 (unrest is still very prevalent in the northern part of the country); (b) a very poor internal communications network; (c) poor economic performance; (d)

a rapidly growing population; and (e) a poor information base. Since 1987, Chad has adopted a structural adjustment programme. The average annual growth of the gross domestic product (GDP) was estimated at 3 per cent between 1990-1998 and –2.8 per cent in 1999. With a population growth rate estimated at 3.1 per cent in 1997 and an average annual inflation rate of 8 per cent between 1995-1999, the living conditions of the Chadian people have deteriorated during the past decades. The country's development perspectives are almost exclusively dependent on the exploitation of the country's petroleum resources; a project for the development of these resources was approved by the World Bank in June 2000.

6. The total population of Chad was estimated at 7.7 million in 2000, with women representing 52 per cent of the total. The natural growth rate was 3.1 per cent a year according to the 1997 demographic and health survey (DHS), which means that the population would double in 23 years at the current rate. The population is expected to reach 9.9 million by the year 2010. The population is very unevenly distributed: the northern Sahara region, with 50 per cent of the total land area, is almost empty, with an estimated population density of 0.1 inhabitant per square kilometre as compared to 59 persons per square kilometre in the southwestern regions. Only 20 per cent of the total population lives in urban area.

7. The population of Chad is extremely young: 58 per cent of Chadians are under 20 years of age and 63 per cent are under 25, while only 5.5 per cent are over 60. The dependency ratio has increased significantly from 0.97 to 1.16 between 1964-1997, and the country has still to face its biggest-ever generation of young people. According to the 1997 DHS, maternal mortality is extremely high at 827 per 100,000 live births in 1997 while the overall contraceptive prevalence rate is as low as 1 per cent (0.1 per cent in rural areas, 3 per cent in medium-sized towns and 7 per cent in N'Djamena, the capital). Infant and child mortality rates, estimated at 103 and 194 per 1,000 live births, respectively, are also high. The total fertility rate has increased from 5.1 children per woman to 6.6 between 1964-1997, mainly as a result of a downward trend in infertility levels in the country. The consequences of such population dynamics and the pressure on basic social services are great challenges for an economy with very limited resources.

8. Adolescent girls make up 23 per cent of the female population of childbearing age. They contribute about 15 per cent of the total fertility rate because an important proportion of them are married before the age of 19. Adolescent reproductive health remains a very sensitive issue. High overall rates of fertility are sustained by cultural preferences for large families, particularly among men. The proportion of women of childbearing age who declared that they did not want more children was 10 per cent as compared to 3 per cent of men. There is, therefore, a demand for modern contraceptive methods, but women are not empowered to make appropriate use of reproductive health services, and males are not involved in reproductive health issues.

9. Since Chadian society is strongly traditional, certain sociocultural features are deeply rooted. These include various forms of discrimination against women, especially with regard to

their access to knowledge, economic and political opportunities, and health services – reproductive health and family planning services, in particular. The gross female enrolment rate in primary school is 39.7 per cent and the adult female literacy rate is 4.6 per cent; 81 per cent of women aged 15 and above are illiterate as compared to 56 per cent of men. In addition, practices harmful to women's health, such as food taboos, female genital mutilation (FGM) and domestic violence, are common. As a consequence, women in Chad have very low status; they are underrepresented both in the formal sector of the economy and in the public service. Since the adoption of the Women Empowerment Policy in 1995, some progress has taken place, including the creation of several women's associations that are very active in the implementation of programmes aimed at promoting women's role and status in society. However, most of these associations lack appropriate management expertise.

10. Public health services cover about 70 per cent of the total population of the country. However, the geographical coverage of the health system is inadequate, as is its accessibility and the quality of the health services offered, even though the proportion of the Government's budget for the health sector rose slightly from 6.1 per cent in 1995 to 7.4 per cent in 1999. Only 62 per cent of health facilities offer reproductive health services, and half of the health facilities lack skilled medical personnel to take care of obstetric emergency cases. While 90 per cent of the functional health centres offer prenatal care, only 27 per cent of them provide family planning services. The percentage of childbirths attended by skilled professionals is as low as 24 per cent. It should also be mentioned that in some parts of the country, the predominance of male medical doctors, particularly gynaecologists, prevents women from using reproductive health services. The inadequacy of the health sector is one of the reasons for the high maternal mortality rate.

11. As far as sexually transmitted diseases (STDs) and HIV/AIDS are concerned, the DHS revealed that 45 per cent of women declared that they were ignorant of STDs as against 18 per cent of men. With regard to AIDS, 60 per cent of the women have no information on how to avoid the disease, while 30 per cent mentioned faithfulness to a single partner as the means of prevention. Condom use is mentioned by 22 per cent of men as against 11 per cent of women. Only 3 per cent of women and 13 per cent of men say they have ever used a condom. With regard to their views about HIV/AIDS, 60 per cent of women (54 per cent of men) are aware that a mother can transmit the virus to her child. Over 72 per cent of the total population (38 per cent of women and 34 per cent of men) still believe that there is no risk of contracting the disease. The number of reported AIDS cases, which was only 10 in 1989, stood at 11,700 in 1999. The disease is spreading among young people aged 15-24 years, especially among girls. According to the World Bank, 8,000 pregnant women a year are reported to be seropositive, and 30-40 per cent will transmit the virus to their babies. The overall rate of HIV infection is now estimated at around 4 per cent of the total adult population, which may well be an underestimation.

12. Chad has participated in all major international conferences on population issues and has subscribed to all conventions and programmes of action adopted during the 1990s with a view to

enabling the country to face the above-mentioned challenges. Prior to the ICPD in 1994, the Government adopted a Population Policy Declaration, dated 22 July 1994 and signed by the Head of State. The document made clear reference to the interrelations between population and development and recognized that rapid population growth may hinder the development of the country. In 1999 the reproductive health concept was adopted and integrated into the health system. The Government has set the following components of reproductive health as priorities: safe motherhood, family planning and family welfare, prevention of STDs and HIV/AIDS, infertility, cervical cancer, FGM, food taboos, violence against women, and the reproductive health needs of adolescents.

13. The specific objectives of the country's population policies include the following: (a) to ensure better provision of basic social services such as health, nutrition and education; (b) to expand health coverage and improve accessibility to health-care services; (c) to reduce the population growth rate from 2.5 per cent in 1993 to 2 per cent by the year 2005; (d) to ensure a better understanding of the interrelationships between population and development; (e) to empower women so that they can fully exercise their rights; (f) to promote and protect the rights of children; (g) to increase the participation of women in the development process; (h) to improve the role and status of women in society; and (i) to reinforce and extend reproductive health, including family planning, services to all levels of the health system.

Previous UNFPA assistance

14. The first UNFPA country programme of assistance to Chad was for the period 1989-1993; it was followed by a bridging programme covering the period 1994-1995. The third programme was approved for the period 1996-2000 in the amount of $9 million ($8 million from regular resources and $1 million from extrabudgetary funds). Due to financial constraints, it was not possible to programme the entire country programme in the amount approved by the Executive Board. A total of $5.4 million was spent. Extrabudgetary resources were mobilized in the amount of $380,000; the funds were provided by the World Bank and were used for contraceptive procurement.

15. There were several programme achievements during UNFPA's third country programme. These included increased national capacity in the management of reproductive health and family planning services through on-the-job training of 21 physicians and 512 service providers (479 locally and 33 abroad). A national reproductive health programme was created, and the reproductive health concept was adopted and integrated into the health system. Reproductive health and family planning services were strengthened in 256 health centres and 25 maternity centres in 10 of the country's 14 administrative regions through staff training and provision of essential drugs, contraceptives and medical equipment. As a result of advocacy and IEC activities, awareness of the concept of reproductive health was expanded, resulting, for example, in changes of attitudes on reproductive health and family planning issues among some women's

associations in rural areas. Taboos regarding reproductive health issues have started to be broken down, allowing people, including women, to talk more openly about contraceptive methods with traditional and religious leaders.

16. Other programme achievements included the drafting of a family law and its transmittal to the Government for adoption. The draft of a law aimed at promoting reproductive health and family planning was prepared and submitted to the Parliament for adoption. Population and family life education were integrated into the curricula of 15 primary schools and 5 teachers colleges on a pilot basis. A parliamentarians' network on population and development and a network of women ministers and parliamentarians were created. In spite of programme achievements, Chad is still very far from meeting the agreed ICPD threshold indicators.

17. The UNFPA programme suffered from many difficulties and constraints. The two most important of these were poor coordination mechanisms and capacities and the epidemics of meningitis and cholera that regularly mobilized the resources of the entire health system and hindered the implementation of other programmes. Other factors included the very limited national expertise in the management of population and reproductive health activities, high turnover of national staff, lack of full involvement of some regional health authorities in the reproductive health programme, and an overall difficult environment for development (poverty, insecurity, poor road network, etc.).

18. The key lessons learned from past programmes include the following: (a) income-generating activities enhance the status of women and provide useful entry points for reproductive health information and services; (b) IEC activities should be preceded by sociocultural studies that would provide more information on the communities concerned; (c) the predominance of male personnel, particularly gynaecologists, is a hindrance to the use of health facilities by women in some parts of the country; (d) the limited number of donor partners (diplomatic missions and bilateral development agencies), as a result of the insecurity facing the country since Independence, is a limiting factor for the mobilization of extrabudgetary funds for population programmes; and (e) in view of the extreme poverty and the overall sociocultural environment, it is necessary to take an incremental approach when dealing with reproductive health issues in Chad.

Other external assistance

19. Other donors active in population-related activities in Chad are the World Bank, UNDP, UNICEF, WHO, the European Union, Germany and Switzerland. UNDP has been providing support for such activities as immunization, HIV/AIDS prevention, and training. UNICEF's 1996-2000 programme of assistance provided support to activities in the areas of immunization, health, nutrition, water, social mobilization, and sanitation. The World Bank has funded support for education and health projects and an HIV/AIDS prevention project. In 1998, the World Bank

assisted the Government in its reform of the health sector. As a member of the consultative team on health matters, UNFPA has worked to ensure that reproductive health issues are taken into account in the reform process. WHO has provided general assistance to the Government's health programme, with special emphasis on reproductive health, AIDS, water, sanitation and immunization. The European Union has provided support to health activities in nine regions (prefectures) of the country.

20. In June 1999, UNFPA, UNDP, WHO, WFP and UNICEF agreed to develop and implement a joint programme emphasizing adolescent reproductive health, nutrition and education. However, due to budgetary constraints, the programme has not taken off; it is expected that the agencies, whose programming cycles have been harmonized (except for that of WHO), will be able to mobilize extrabudgetary resources in order to implement the programme in 2001-2005. UNFPA would participate with funding and implementation of joint activities that fall within the framework of the proposed programme.

Proposed programme

21. The diversity of the population problems identified in the CPA and CCA entails an equally diverse range of actions to solve them. The proposed programme covers all three of the Fund's thematic areas, with a particular focus on reproductive health, in 10 regions out of a total of 14 in the country. They were chosen because together they encompass 90 per cent of the country's population. In light of the gender inequalities that exist in Chad, the high maternal mortality rate and the rapid spread of HIV/AIDS among adolescent girls, the programme will put a strong emphasis on the gender dimension in all interventions. National capacity building for the design, monitoring, evaluation and coordination of population and reproductive health programme constitutes another area of concentration. The proposed programme will be implemented through three subprogrammes: reproductive health, population and development strategies/gender, and advocacy. The programme has been developed in such a way that there are clear linkages, synergy and complementarity among these subprogrammes so as to ensure maximum efficiency and impact of activities.

22. Reproductive health subprogramme. The purpose of the reproductive health subprogramme is to contribute to increased adoption of better health behaviour and the utilization of priority reproductive health services by women and men, particularly married and unmarried adolescent girls, in the 10 focus regions. The emphasis will be on: (a) improving and/or expanding access to priority components of reproductive health services in district health centres with particular emphasis on family planning and birth spacing and on antenatal, delivery, and post-natal care, including emergency obstetric care, so as to contribute to the progressive reduction of maternal mortality; (b) expanding access to reproductive health information, counselling and services to youth and adolescents in view of the spread of HIV/AIDS among

young people, in particular girls; and (c) integrating population and family life education materials and content into the primary school system countrywide.

23. The reproductive health subprogramme is expected to generate four outputs. The first would be increased availability of priority components of reproductive health information, counselling and services in the chosen 10 regions of the country. To that effect, support will be provided to the National Reproductive Health Programme, under the Ministry of Health, for the provision of priority components of reproductive health services in 413 public health centres and 30 district and regional hospitals (representing 62 per cent of the total number of health facilities in the country). Technical skills on reproductive health issues will be reinforced through training of trainers and training of service providers with a view to ensuring the delivery of quality reproductive health services. Service providers will also be trained on how to identify and deal with cases of domestic violence. Other strategies include enhancing coordination mechanisms, improving management and providing equipment and supplies. In addition, in two of the regions, strategies will be tested on ways to improve access to and the quality of priority components of reproductive health at the district and prefectural levels. This should provide valuable lessons to improve reproductive health programming in the rest of the country.

24. The second output of the subprogramme would be strengthened adolescent reproductive health information, counselling and services (including family planning and prevention of STDs and HIV/AIDS) provided by the Chadian association for family planning in its three clinics and two newly established youth-friendly information and orientation centres in N'djamena and Moundou. This will only be successful if strategies aimed at "bringing health to youth" are used: training and using young medical doctors, creating an environment where youth feel at home, setting up drop-in centres and extending clinic hours so as to provide services at a time and within the time the beneficiaries are available, and encouraging them to talk with peers on what they may consider to be sensitive issues. The third output would be that reproductive health information, counselling and services are made readily available to adolescents in 12 cultural centres at the prefectural level and in 8 school health centres. Most of the adolescent reproductive health strategies mentioned above will also be used in these centres.

25. The fourth output of the subprogramme would be that population and family life education content (gender issues, STD and HIV/AIDS prevention and reproductive health) and materials are effectively integrated into the curricula of teachers' training colleges and in primary schools nationwide. The relevant content areas would be evaluated before their integration into the school system in order to ensure that they are appropriate. Primary school teachers will be trained to impart responsible behaviour. In order to mobilize the support of the parents and community leaders, IEC and/or advocacy activities will be reinforced as appropriate.

26. Reproductive health commodity security. Part of the funds allocated under the reproductive health subprogramme will be used to ensure contraceptive commodity security in

Chad. It is envisaged that UNFPA's assistance will be used to procure 4.4 million cycles of oral contraceptives, 508,000 units of injectables, 12,700 units of intra-uterine devices (IUDs), 507,000 spermicide tablets, and 1.27 million condoms. The condoms would be procured for the period 2004-2005 since the German Government is supporting a social marketing project for the provision of condoms through 2003.

27. Population and development strategies/gender subprogramme. The purpose of the subprogramme is to contribute to: (a) building national capacities to design, implement, monitor and coordinate gender-sensitive population and development programmes; (b) carrying out the 2003 census and improving the population-related database; (c) improved utilization of research findings on population and reproductive health issues for policies and programme formulation and management; and (d) creating an appropriate environment for the advancement of women.

28. The first output of the subprogramme would be to have contributed to increased availability of gender-disaggregated population-related data and to collaborative design of the instruments and/or modalities for the realization of the second population census in 2003 and for the establishment of an integrated, functional and user-friendly database. This will be done through: (a) advocating for the urgent improvement of the information base of the country through the establishment of a user-friendly socio-demographic and reproductive health database and for carrying out the 2003 population census; (b) technical assistance in the preparation of the census and the establishment of the database; and (c) advocating for the mobilization of internal and external resources needed to carry out the second population census.

29. The second output would be improved national capacities in the management and coordination of population and reproductive health programmes at the central, prefectural and district levels, including capacities for collecting, analysing and utilizing socio-demographic gender-disaggregated data in population and development strategies, plans and programmes. This will be achieved mainly through the use of United Nations Volunteers (UNVs), National Professional Project Personnel (NPPPs) and on-the-job-training of national counterparts. Support will also be given for defining operational mechanisms for the execution and coordination of population programmes at national and regional levels, ensuring that various stakeholders are represented in the coordination mechanism.

30. The third output would be improved monitoring of women's status, better perception and protection of their role and status in society, and increased willingness of parents and communities to educate the girl child. This will be done through: (a) reinforcing and extending support to rural women's groups for income-generating activities, taking into account the fact that in rural areas enthusiasm for and participation in reproductive health activities is higher when combined with income-generating activities; (b) continuing to sensitize and educate rural women's groups and other community members on reproductive health issues, using income-generating activities as entry points; (c) advocating for girls' education; (d) encouraging the

dissemination and effective implementation of the family law; and (e) regularly updating the gender-related information base to monitor efforts to promote gender equity and equality.

31. Advocacy subprogramme. The purpose of the advocacy subprogramme is to contribute to enhanced leadership and support for population and reproductive health issues by policy makers, parliamentarians, community and opinion leaders (religious and traditional), members of the Prefectural Commissions on Population and Human Resources and women's and youth groups and associations. The subprogramme will focus on: (a) developing targeted IEC and advocacy interventions aimed at awareness creation, changing behaviour and building strong political will in favour of population and reproductive health programmes; (b) advocating for girls' education, women's empowerment and related gender issues, in particular the need for women and adolescents to have access and make effective use of reproductive health and family planning facilities; (c) promoting male involvement in reproductive health issues; and (d) campaigning against practices such as FGM and domestic violence.

32. Rural radio programmes in local languages and other forms of community outreach will be widely used to stimulate public debate and supportive actions. The two networks of parliamentarians and women ministers set up during the third country programme will play an important role as population advocates calling for concrete actions, more resources in favour of population programmes in general and for adolescent reproductive health programmes in particular, effective implementation of existing policies and adoption of new ones.

33. The first output of the advocacy subprogramme would be enhanced leadership and support for population and reproductive health issues and programmes, with particular emphasis on family planning and for the advancement of women. The second output would be an improved environment for addressing practices that are harmful to women's health and for the empowerment of women so that they have access to and can make appropriate use of reproductive health services. The subprogramme would also contribute to awareness creation and promote the use of reproductive health services by women and adolescents as well as to the reduction of violence against women.

34. Appropriate strategies to achieve the subprogramme's outputs would include increasing the support of parents, community and opinion leaders, and decision makers (particularly local administrative authorities) by means of seminars on relevant topics. Other strategies include reinforcing the skills of the staff of rural radio services and setting up active partnerships with other national media services. The broadcasting capacity of the rural radios needs to be reinforced to reach a larger part of the rural population. The various media channels would be used to, among other things, make the content and the spirit of the laws on gender and reproductive health accessible to a wide audience and stimulate discussions on reproductive health issues and the status of women. Promotion of male involvement in reproductive health would also be a priority.

Programme implementation, coordination, monitoring and evaluation

35. The proposed programme will be executed by national structures with technical support, as required, from UNFPA's Country Technical Services Team (CST) in Dakar, Senegal, while the UNFPA country office will provide technical support in programme management by training the national staff in UNFPA financial procedures and regulations. Even though national expertise is still very limited, sufficient experience has been generated through past country programmes to continue with this execution modality as one of the strategies for capacity building. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures, while the primary responsibility for programme coordination would rest with the Government and, in particular, the Ministry of Economic Advancement. To the extent possible, existing data will be used as baseline information with a view to track progress towards the achievement of ICPD goals.

36. In the context of the CCA and UNDAF, information exchange among United Nations agencies would be ensured through regular inter-agency coordination meetings. As one of the lead agencies in the area of population and basic social services, UNFPA would seek to ensure coordination among United Nations agencies, other donors and NGOs working in the area of reproductive health and gender empowerment. Development partners, including NGOs working in the health sector, are members of a consultative team coordinated by the Ministry of Health.

37. The UNFPA Office is composed of a Representative, an Assistant Representative, a Programme Assistant and support staff. Assuming that the financial situation improves sufficiently to lift the hiring freeze, it is expected that three additional staff – a Programme Officer and two support staff – will be recruited in 2001. In addition, the country office may engage National Professional Project Personnel (NPPPs) and UNVs to support the substantive management of subprogrammes. Under the proposed programme, the amount of $500,000 from regular resources would be allocated for programme coordination and assistance.

Recommendation

38. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Chad, as presented above, in the amount of $6.5 million over the period 2001-2005, of which $6 million would be programmed from UNFPA regular resources, to the extent that such resources are available. The balance of $500,000 would be sought from co-financing modalities and/or regular resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

*****